

Mr. Benny, or Uncle Benny as he was affectionately called, was born on August 21, 1919, in Albuquerque, New Mexico. His family migrated to Los Angeles in 1925. During World War II, he was assigned to the 10th Cavalry Division, which sent him to North Africa to serve under General George Patton. He later served in Italy and Germany and had the honor of marching in the V-E Day Parade in Paris, France.

Mr. Potter served his country with distinction. His family recently received a letter of commendation from the President of the United States for his distinguished service. He received four decorations for his service: The American Campaign Medal, the European-African-Middle Eastern Campaign Medal, the Good Conduct Medal, and the Victory Medal.

At Mr. Potter's memorial service, four generations of relatives spoke. Two generations still live in the West Adams area. Numerous friends and neighbors saluted him with songs and words of praise, and I promised to give him the flag in his memory that I received after I served as Ambassador to Micronesia because he so well represented our country and our family abroad.

At 81 years of age, Benny Potter was still the neighborhood gardener and handyman. He would bring magazines to elderly neighbors and was always ready with uplifting stories or sage advice for everyday problems. Mr. Potter was also the hub of an informal neighborhood news network. One neighbor described him by saying simply: "He was the best. He was CNN, the Sports Channel, the Weather Bureau, and he was my friend."

On this Veterans Day past, I think we should look back on all the contributions of our veterans, as we will be looking forward on those who have fought in this most recent war in Afghanistan. Veterans like Benny Potter risked their lives to protect our country and their communities. But once back home, his contributions continued.

Benny H. Potter, a man who never met a stranger, leaves a legacy of which we all may be proud, and he made us so much better. He serves as a shining example of the spirit which drove our veterans to serve their communities in both war and peace and the spirit with which many of our young men and women will be coming back from fighting in a country so far away that they really did not know where it was on the map. This is a tribute to that kind of spirit that honors our country and makes us the greatest country in the world.

The SPEAKER pro tempore. Under a previous order of the House, the gentleman from North Carolina (Mrs. CLAYTON) is recognized for 5 minutes.

(Mrs. CLAYTON addressed the House. Her remarks will appear hereafter in the Extensions of Remarks.)

The SPEAKER pro tempore. Under a previous order of the House, the gentleman from Ohio (Ms. KAPTUR) is recognized for 5 minutes.

(Ms. KAPTUR addressed the House. Her remarks will appear hereafter in the Extensions of Remarks.)

The SPEAKER pro tempore. Under a previous order of the House, the gentleman from Virginia (Mr. SCOTT) is recognized for 5 minutes.

(Mr. SCOTT addressed the House. His remarks will appear hereafter in the Extensions of Remarks.)

PEDIATRIC EXCLUSIVITY BILL

The SPEAKER pro tempore. Under a previous order of the House, the gentleman from Michigan (Mr. STUPAK) is recognized for 5 minutes.

Mr. STUPAK. Mr. Speaker, I rise today to urge Members to vote against H.R. 2887, the Pediatric Exclusivity bill, as it will appear on the suspension calendar tomorrow. It has a number of controversial provisions.

First approved in 1997, pediatric exclusivity granted the drug companies an extension of 6 months under patents if they would provide a study to determine if the drug was beneficial to young people. The FDA invites drug companies to do a study on what effect the drug may have on young people. Upon completion of the study, the FDA then grants a pediatric exclusivity to the drug, which the drug companies then use as a marketing tool to promote and increase drug sales.

The grant of pediatric exclusivity takes place after the drug company study is completed, without anyone knowing what the study says about the safety, the effectiveness, or the dosage requirement for young people. There is no requirement to change the labeling on a drug to reflect the changes that may be needed when a drug is dispensed to young people. There is no label to tell doctors, patients, or their families on the proper dosage or on how to dispense or use the drug.

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Before we grant pediatric exclusivity to a drug and before this pediatric exclusivity is marketed as approved for pediatric use, we should know what is the effect of this drug on young people.

Under the bill that will be before us tomorrow, H.R. 2887, after a study is completed, exclusivity is granted; but the results of the study, the results may not be disclosed to the doctors, patients and their families for up to 11 months. The physician, the patient and the family has a right to know about the drug the patient is about to ingest. Why does it take 11 months?

This chart highlights the problems with pediatric exclusivity. There have been 33 drugs granted pediatric exclusivity, and only 20 have been relabeled; and it takes an average of 9 months to do that. The average time from the

granting of pediatric exclusivity is 9 months. For 9 months, doctors, patients and their families have no idea if the child is receiving a proper dosage and if the drug is really safe.

On this chart, exclusivity granted, and below in parentheses was when the label was provided. In Lodine, it took 9 months for them to change the label, and after the label was changed, approximately two times a lower dose recommended. It should have been cut in half. Nobody knew that for 9 months.

Buspar, if Members take a look at it, 2 months after exclusivity is granted, they finally say safety and effectiveness were not established in patients 6 to 17 years old. In other words, it did not do anything. They are marketing it as a drug to help the patient.

How about Fluxvoxamine. Again, exclusivity granted January 3, 2000. Eight months later the label is changed. It says it may require lower dosage, and it gives an age group.

Propofol, exclusivity is granted August 11, 1999; but they did not change the label to let the doctors, patients, and families know until 18 months later. It says here "may result in serious bradycardia." It goes on to say it is not indicated for pediatric ICU sedation, as safety has not been established. That is information doctors need to know.

The worse thing is, the incidence of mortality doubles from 4 percent to 9 percent. That is information we need to know. Doctors, patients, and families should know this information before we grant pediatric exclusivity. My amendment would require not just a study but proper labeling on the drug before it is granted pediatric exclusivity and marketed.

Pediatric exclusivity is the only time that labeling is not a prerequisite to granting a drug approval. Why would we want to endanger our children?

Mr. Speaker, I cannot offer my amendment under the suspension calendar. In order to have an opportunity to offer my amendment to protect the health and safety of our young people in this country, we must defeat the bill under the suspension calendar and send the bill to the Committee on Rules where I will be given an opportunity to offer my amendment.

I do not understand why the majority does not want doctors, patients, and families to know the effect of the drug, what is the effectiveness of the drug, and is the drug safe for our children. Tomorrow I ask Members to defeat the bill under suspension so we can bring it back to the floor.

STRATEGY FOR GLOBAL FIGHT AGAINST TERRORISM

The SPEAKER pro tempore. Under a previous order of the House, the gentleman from New Jersey (Mr. ANDREWS) is recognized for 5 minutes.

Mr. ANDREWS. Mr. Speaker, I rise today to call for the creation of a new